

VZCZCXRO8554
OO RUEHPB RUEHPT
DE RUEHBY #0812/01 2470739
ZNR UUUUU ZZH
O 040739Z SEP 09
FM AMEMBASSY CANBERRA
TO RUEHC/SECSTATE WASHDC IMMEDIATE 1999
INFO RUEHBK/AMEMBASSY BANGKOK 2182
RUEHBJ/AMEMBASSY BEIJING 9589
RUEHHI/AMEMBASSY HANOI 0003
RUEHJA/AMEMBASSY JAKARTA 5518
RUEHKL/AMEMBASSY KUALA LUMPUR 2617
RUEHPB/AMEMBASSY PORT MORESBY 2043
RUEHUL/AMEMBASSY SEOUL 9904
RUEHGP/AMEMBASSY SINGAPORE 1791
RUEHSV/AMEMBASSY SUVA 1582
RUEHKO/AMEMBASSY TOKYO 3675
RUEHWL/AMEMBASSY WELLINGTON 0102
RUEHBN/AMCONSUL MELBOURNE 6642
RUEHPT/AMCONSUL PERTH 4907
RUEHDN/AMCONSUL SYDNEY 4896
RUEAHL/DEPT OF HOMELAND SECURITY CENTER WASHINGTON DC
RHEHAAA/THE WHITE HOUSE WASHINGTON DC
RHHMUNA/HQ USPACOM

UNCLAS SECTION 01 OF 02 CANBERRA 000812

SENSITIVE
SIPDIS

STATE FOR OES/IHB, AIAG FOR WINN; STATE
PLEASE PASS DHHS

E.O. 12958: N/A
TAGS: [KFLU](#) [AEMR](#) [ASEC](#) [CASC](#) [KFLO](#) [TBIO](#) [KSAF](#) [KPAO](#) [PREL](#)
PINR, AMGT, MG, AS
SUBJECT: AUSTRALIA H1N1 SITREP SEPTEMBER 4, 2009

REF: A. SECSTATE 42324
[1](#)B. SECSTATE 41745
[1](#)C. CANBERRA 678 AND PREVIOUS

[1](#)1. (SBU) The following is the latest SITREP covering Australia's response to the H1N1 outbreak. Australian government response remains unchanged since June 17. Most deaths in Australia continue to occur in patients with underlying medical conditions. New South Wales Health reported that the major risk factors in patients admitted to intensive care with H1N1 have been predominantly chronic lung disease, diabetes, morbid obesity, chronic heart failure, and pregnancy. Overall presentations of influenza-like illnesses (ILIs) continued to fall in NSW and Queensland. The Western Australia government announced that it was beginning to stockpile initial doses of the 2 million doses of H1N1 vaccine manufactured so far in Australia. WA health authorities will reportedly limit distribution of 200,000 initial doses of vaccine to pregnant women, those with underlying conditions, and aboriginal communities. Currently, all vaccine produced by CSL, Australia's largest manufacturer, remains the property of the company while stocks are pre-positioned in several states. No vaccine has been released for use as of September 4.

Fear and Insurance Issues

[1](#)2. (SBU) H1N1 vaccine human trials are coming to a conclusion, but the GOA has not released a final finding on any trial. The Therapeutic Goods Administration (TGA) reportedly met with CSL to discuss trial results in 240 adults who received the vaccine in Adelaide. Results on child testing will not be available for another month. Media reports indicate that the government has agreed, through the Department of Health and Ageing, to issue special consent forms to use should the vaccine not be fully registered as a medicine by the Therapeutic Goods Administration (TGA) soon enough to be of use against the virus. This consent form would allow the vaccine to be used on those willing to sign

it if concerns over safety were considered to be answered, but the TGA had not yet registered the vaccine. The Australian Medical Association (AMA) reportedly indicated that the Australian national health care system, Medicare, will compensate practitioners administering the vaccine. Press reports further indicated that the Medical Insurance Group Australia (MIGA) had joined other major medical insurers in indemnifying its members who administer a vaccine. Questions in the media about the use of adjuvants like thimerosal have raised some public concerns about the pace, scale of testing, and overall safety of H1N1 vaccines. Chief Medical Officer Jim Bishop told media on August 28 that he expected the H1N1 vaccine would be available for use around Australia by October.

13. (SBU) Econoff spoke with National Incident Room head Gary Lum on September 4. Lum was careful not to confirm information in press reports, but told Econoff that the GOA and DOHA are working hard to ensure that concerns raised in the past two weeks about vaccine safety, efficacy, and liability "don't come to fruition." DOHA is being very careful not to portray speculation about actions by insurers, doctors, or medical groups as reflecting GOA policy. Lum, who also heads DOHA's Health Emergency Management Branch, is traveling to the U.S. to participate in discussions of chemical, biological, nuclear and radiological threat response with Department of Homeland Security and Canadian authorities in the last two weeks of September. After-action review of H1N1 response will be part of those discussions, Lum said.

CANBERRA 00000812 002 OF 002

Case Numbers Still Growing

14. (SBU) Case Count: Australia has confirmed a total of 35,444 pandemic H1N1 (2009) influenza cases since the first detection in Australia. There have been 4548 hospitalizations and 161 deaths attributed to the pandemic. Australia's influenza tracking reports have not been updated since July 24, but indicate that at that point, H1N1 was approximately 80 percent of all influenza virus confirmed in Australia.

15. (SBU) Post Actions: Post continues to monitor the H1N1 situation in Australia.

16. (SBU) Consular Issues: As of September 4, there are no reported consular issues involving H1N1.

CLUNE